STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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PLEASE PRINT

JAN 29 2018

I. Name of Lobbyist(s)	Jooi	E. 6	rimbilas		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's part	nership, firm o	r corporation	, if any:		
J. Corimbi	las 5h	rategic	Solutions	LLC.	
10 Box 23	3	N	orthwood	NH	(Zip Code)
(603 <u>49 6 - 26 3 8</u> (Telephone)	}()	(Fax) e-	mail <u>Jodi G</u>	(Zip Code)) jg strategies. C
III. This statement covers: reportable expense transactions	(Choose one -	file separate r	eports for each cl	ient, OR you may f	
☐ All reportable transactio	ns occurring in t	he months pric	or to the reporting o	late relative to the fo	ollowing client:
	Spring	field Po	wer. LC	ion Form)	
OR (Full	Name of Client	s it appears on the	he Lobbyist Registrat	ion Form)	
☐ All reportable transaction unrelated to any particular cl		t (including the	e lobbyist's family)	, or the lobbying fir	m listed below which are
-	il 26, 2017 ⊔ n date of registrat	ion to 3/31/17		26, 2017 4/1/17 to 6/30/17	
	ober 25, 2017 [from 7/1/17 to 9/			ry 31, 2018 4 10/1/17 to 12/31/17	
V. There have been no fee If this box is checked, comple Concord, NH 03301.					
VI. Check if additional reports If you have received fees			ıst file Addendum	A- Fees and Expen	ses
☐ If you have paid an hono Expense Reimbursement					
If you, your firm, or you	family has mad	le political con	tributions, you mus	st file Addendum C	- Political Contributions
Sworn Statement/Affirmati I have read RSA 15, RSA 15 and complete to the best of m	B, RSA 14-C ar	nd RSA 664 an	d hereby swear or	affirm that the foreg	oing information is true
(Signature of lobbyist) Too' E.	mbla		_1	The 18 (Date)	
(Print Name of lobbyist)	(orinbile	<u> </u>			
(1 time traine of topolist)					

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

b) \$ _____

c) \$ _____

I. Name of Lobbyist(s) JODI E. Grimbilas	
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grinbiles Strategic Solutions ((Name of partnership, firm or corporation)	<u>le</u>
III. Name of Client Springfield Power, LLC	Date 12to 18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _ 2,300
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ <u>(o, 150</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 9,050
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political ed on Addendum A.
a) Total aggregate expenses for this reporting period for satatres, benefits,	0.20

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _ d ₁ 300
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>(q. 150</u>
f) Total of all expenses year to date	1)\$ 9.050
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Signature of lobbyist) Jooi E Grimbila	1/26/18
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	
(Fillit Name of foodyss)	